

Check if applicable:

Prenatal ☐

Not 1st Child ☐

## Nurturing Families Network Intake

Site Submitting Intake to UHA: \_\_\_\_\_

Re-Entry? ☐

Re-entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### A. Participant Information

Date of referral: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Referral received by Site: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referral Source: \_\_\_\_\_

Town of Residence: \_\_\_\_\_ Caregiver Total Number of Children (Other than Target): \_\_\_\_

Mother's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Father's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Infant's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ or EDD \_\_\_\_/\_\_\_\_/\_\_\_\_

Program offered face to face by: NFN Staff ☐ Community agency ☐ N/A (not offered) ☐ Date offered: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location program offered at: Hospital ☐ Prenatal clinic ☐ Other health clinic ☐ Community agency ☐

NFN Site ☐ Other ☐

Educational presentation completed: Yes No If yes, date \_\_\_\_/\_\_\_\_/\_\_\_\_

### B. REID Screen

Screener's Name: \_\_\_\_\_ Date of screen: \_\_\_\_/\_\_\_\_/\_\_\_\_ NFN Screening Site: \_\_\_\_\_

\_\_\_ 1. Mother is single, separated, or divorced

\_\_\_ 2. Partner unemployed.

\_\_\_ 3. Inadequate income or no info on income

Type \_\_\_\_\_

\_\_\_ 4. Unstable housing

\_\_\_ 5. No phone

\_\_\_ 6. Education under 12 years (specify \_\_\_\_\_)

\_\_\_ 7. Inadequate emergency contacts

\_\_\_ 8. History of substance abuse: Type \_\_\_\_\_

\_\_\_ 9. Late (after 12 weeks), none, or poor Prenatal Care

\_\_\_ 10. History of abortions

\_\_\_ 11. History of psychiatric care

\_\_\_ 12. Abortion unsuccessfully sought or attempted

\_\_\_ 13. Adoption sought or attempted

\_\_\_ 14. Marital or family problems

\_\_\_ 15. History of, or current depression

\_\_\_ 16. Mother is age 18 or younger

\_\_\_ 17. Mother has a cognitive deficit

**\*FOR THE SCREEN TO BE POSITIVE, 3 items must be true or 8 items must be unknown or items 8, 11, 14, or 15 are present with one other item**

### C. Home Visiting (To be completed by Nurturing Connections/NFN Screener)

If screen negative, was family offered federally funded home visiting? Yes No

If screen positive, was family offered home visiting? Yes No

☐ Federally-funded ☐ State-funded

If yes, did family initially accept home visiting? Yes No

If no, circle reason 1) HV full 2) Language barrier 3) out of catchment area 4) no face to face contact 5) DCF involved 6) other

Family offered Nurturing Connections?

Yes No

Family Accepted Nurturing Connections?

Yes No

If yes, CTFDS Case ID # \_\_\_\_\_

If no, circle reason

1) no time for HV 2) family has enough support  
3) household member or partner does not approve  
4) other \_\_\_\_\_  
5) Family said maybe/not sure

Family offered Nurturing Connections? Yes No

Family accepted NC? Yes No

If yes, CTFDS Case ID # \_\_\_\_\_

Other services offered? Yes No

### D. Connections

(To be completed by Nurturing Connections/NFN Screener)

If screen negative, was family offered Nurturing Connections?

Yes No

If YES, Family Accepted Nurturing Connections:

Yes No

If yes, CTFDS Case ID # \_\_\_\_\_

If NO, circle reason:

1) NC program full  
2) language barrier  
3) out of catchment area  
4) no face to face contact  
5) DCF Involved  
6) family has no phone  
7) Other \_\_\_\_\_

Other services offered:

Yes No

**\*\*This box completed by FAS\*\***

If yes, was Kempe completed? Yes No

Date KEMPE completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason KEMPE not completed: \_\_\_\_\_

Was the first home visit completed?

Yes No

If yes, Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, reason 1<sup>st</sup> visit not completed: \_\_\_\_\_

CTFDS Case ID# \_\_\_\_\_

Home Visitor: \_\_\_\_\_

Is family acute? Yes No

If yes, circle reason

Domestic Violence Substance Abuse  
Mental Health

# Nurturing Families Network Intake- Site Information

## E. Family Information

### Mother

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell#: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partner/Sig. Other \_\_\_

Ethnicity: Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Other \_\_\_ (specify \_\_\_\_\_)

Education: Grade 1-8 \_\_\_ 9-12 \_\_\_ HS grad or GED \_\_\_ Voc. Training: \_\_\_ Some college \_\_\_ Assoc degree \_\_\_  
Bachelor's degree \_\_\_ Post Grad \_\_\_ Other \_\_\_ Unknown \_\_\_

Currently in school? Yes No If yes, what grade: \_\_\_\_\_

Employed? Yes No If yes, Full-time \_\_\_ Part-time \_\_\_ Active military \_\_\_ Not employed \_\_\_ Unknown \_\_\_

Source of income: FOB \_\_\_ Self \_\_\_ Parent(s) \_\_\_ TANF \_\_\_ SSI \_\_\_ Food Stamps \_\_\_ WIC \_\_\_ Other \_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to mother: \_\_\_\_\_

People in Household: \_\_\_\_\_

Mother's OB/GYN: \_\_\_\_\_

Mother has insurance? Yes No

If yes, type: \_\_\_ Medicaid/Title 19 \_\_\_ HUSKY \_\_\_ Private \_\_\_ Other

### Infant

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Gestational age: \_\_\_\_\_ weeks

Birth Weight: \_\_\_ lbs. \_\_\_ oz. Type of birth: Vaginal \_\_\_ Cesarean \_\_\_ Unknown \_\_\_

Feeding: Breast \_\_\_ Bottle \_\_\_ Both \_\_\_ Undecided \_\_\_ Unknown \_\_\_

Pediatrician: Yes \_\_\_ No \_\_\_ If yes, name of pediatrician \_\_\_\_\_

### Father

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Partner/Sig. Other \_\_\_

Ethnicity: Hispanic \_\_\_ African American \_\_\_ Caucasian \_\_\_ Other \_\_\_ (specify \_\_\_\_\_)

Education: Grade 1-8 \_\_\_ 9-12 \_\_\_ HS grad or GED \_\_\_ Voc. Training: \_\_\_ Some college \_\_\_ Assoc degree \_\_\_  
Bachelor's degree \_\_\_ Post Grad \_\_\_ Other \_\_\_ Unknown \_\_\_

Currently in school? Yes No If yes, what grade: \_\_\_\_\_

Employed? Yes No If yes, Full-time \_\_\_ Part-time \_\_\_ Active military \_\_\_ Not employed \_\_\_ Unknown \_\_\_